

# VEHICLE ACCIDENT REPORT

TO BE USED BY ALL STATE AGENCIES to make immediate report of all motor vehicle accidents involving State employees, vehicles, equipment or where highways could result in claim against State. Copies 1, 2 & 3 to be sent to OFFICE OF RISK MANAGEMENT.

THIS REPORT is **NOT** a substitute for Motor Vehicle Department's required "Motor Vehicle Accident Report" and THIS REPORT is **NOT** a substitute for Workers' Compensation Court's required "First Report of Alleged Accident."

IS PHYSICAL DAMAGE COVERAGE TO APPLY?  YES  NO

<b>TIME</b>	Date of Accident _____ 20____ Day of Week _____ Hour _____ : _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	IS THERE A SUPPLEMENTARY REPORT? Yes <input type="checkbox"/> Not Needed <input type="checkbox"/> If State Vehicle Registration (if licensed) # _____ Equip. # _____
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<b>LOCATION</b>	ROAD ON WHICH ACCIDENT OCCURRED _____ <small>Give name of street or highway number (U.S. or State). If no highway number, identify by name.</small>	
	AT ITS INTERSECTION WITH _____ <small>Name of intersecting street or highway number</small>	
	IF NOT AT INTERSECTION _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ of _____ <small>Show nearest intersecting street or highway, house number, bridge, railroad crossing, underpass, or milepost.</small> N S E W	

PLACE WHERE ACCIDENT OCCURRED: County \_\_\_\_\_ City, town or township \_\_\_\_\_ State \_\_\_\_\_

If accident was outside city limits, indicate distance from nearest town \_\_\_\_\_ miles  and \_\_\_\_\_ miles  of \_\_\_\_\_  
N S E W N S E W City or Town

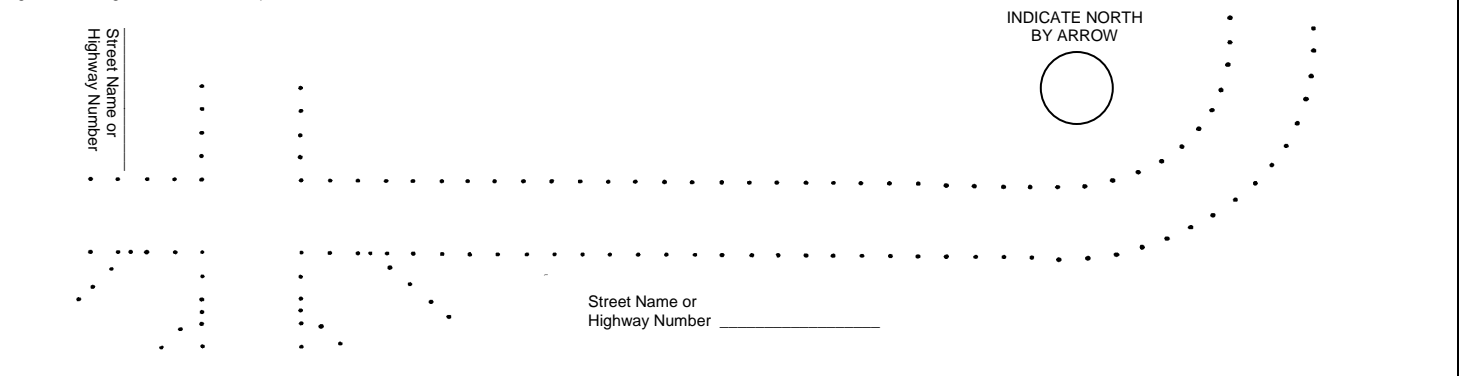
<b>VEHICLES</b>	<b>VEHICLE NO. 1</b> (State - if involved)	<b>VEHICLE NO. 2</b>
	Year _____ Make _____ Type (sedan, truck, bus, etc.) _____	Year _____ Make _____ Type (sedan, truck, bus, etc.) _____
	Vehicle License Plate _____ <small>Year State Number</small>	Vehicle License Plate _____ <small>Year State Number</small>
	DRIVER _____ <small>Print or type FULL name</small>	DRIVER _____ <small>Print or type FULL name</small>
	Driver's Address _____ <small>Street or R.F.D.</small>	Driver's Address _____ <small>Street or R.F.D.</small>
	<small>City and State</small> _____ <small>Zip Code</small> _____	<small>City and State</small> _____ <small>Zip Code</small> _____
	Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Driver's License _____ <small>State Number</small>	Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Driver's License _____ <small>State Number</small>
	OWNER _____ <small>(If State, use Agency Name)</small>	OWNER _____ <small>Print or type FULL name</small>
	Owner's Address _____ <small>(If State - place where garaged)</small> <small>City and State</small>	Owner's Address _____ <small>Street or R.F.D.</small> <small>City and State</small>
	PARTS OF VEHICLE DAMAGED _____ <small>Approximate Cost to repair vehicle</small>	PARTS OF VEHICLE DAMAGED _____ <small>Approximate Cost to repair vehicle</small>

<b>PROPERTY</b>	DAMAGE TO PROPERTY OTHER THAN VEHICLES _____ <small>Name object and state nature of damage</small>	
	Name and address of owner of object struck _____	Approximate cost to repair \$ _____

DESCRIBE WHAT HAPPENED. (Refer to State vehicle as "No. 1," the others as "No. 2," "No. 3," etc.)

What was State use:

INDICATE ON THIS DIAGRAM WHAT HAPPENED. (Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers. Show signs, signals, warning and traffic controls.)



DATE OF THIS REPORT _____	PREPARED BY: _____
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DID POLICE INVESTIGATE YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES WHICH ONE? CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> STATE PATROL <input type="checkbox"/>	INSURANCE OTHER _____ VEHICLE _____ <small>NAME AND ADDRESS OF COMPANY OR AGENT</small>
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<b>INJURED</b>	NAME AND ADDRESS OF INJURED 1 _____	2
	NATURE OF INJURY _____	
	LOCATION INJURED TAKEN _____	

NAME AND ADDRESS OF WITNESS 1 _____	2
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